



Department of Public Health and Human Services
ENVIRONMENTAL LABORATORY
P.O. Box 4369, Helena, MT 59604
(406) 444-2642



PRIVATE WATER SAMPLE - BACTERIOLOGICAL (COLIFORM) TEST

PLEASE KEEP SAMPLE COOL AFTER COLLECTION

SAMPLING AND PAYMENT INSTRUCTIONS

1. A special, sterile bottle is required for this test. Bottles from the DPHHS Laboratory may have an adhesive strip across the cap; remove this strip completely before using the bottle.
2. Remove screen from cold water faucet. ***Clean inside and outside of faucet with a solution of bleach and water.*** Allow water to run 3-4 minutes. If you have a water softener, use a cold water faucet not on softener.
3. Fill bottles to neck--without touching inside (this leaves 1/2 inch air space). Do not rinse out bottle; the white powder/tablet must be present.
4. Fill out sampling information below and submit form and sample to arrive at lab **within 30 hours of collection.** Sample information items **must** be filled in. Incomplete forms may delay or invalidate processing.
5. **Enclose \$21.00 check or money order for Presence/Absence test. Enclose \$23 for a Total Coliform Count. (DO NOT SEND CASH)** Please make checks payable to **DPHHS Environmental Laboratory.**

THE FOLLOWING SAMPLE INFORMATION *MUST* BE ENTERED:

Collect Date:		Sample Taken From:	Kitchen tap, outside hydrant, etc. – please Specify:
Collect Time:	AM PM		
Collected By:		Sample Source:	Well Spring Other (Specify):
Phone Number:		Choose one:	<input type="checkbox"/> Presence / Absence of Bacteria - \$21.00 <input type="checkbox"/> Actual number of bacteria present - \$23.00

Send Report To (PLEASE PRINT!):

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

Bill To (if different than "Send Report To"):

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

FOR LAB USE ONLY

Lab No: _____

Date Rec'd: _____

Rec'd Time: _____

Rec'd By: _____

Acct No: _____

Test ID _____

Amount Rec'd: _____

Check #: _____